



**Assisted
LIVING**



Indiana Family and Social Services Administration
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Assisted LIVING

Assisted Living is a comprehensive, residential service provided through the Aged and Disabled Medicaid Waiver and the Assisted Living Medicaid Waiver. Individuals who receive this service reside in an independent setting, provided by a licensed Residential Care Provider. It is a bundle of services which may include, but is not limited to, the following: personal care, homemaker, attendant care, medication oversight, social and recreational programming. The individual lives independently, or with a roommate if he/she so chooses. Personalized care must be furnished to clients who reside in their own living units. The apartment-like setting includes an area for a kitchenette, living area, bedroom area, and bathroom. Meals and/or nutritious snacks are also available and must meet the Dietary Reference Intake for adults. There is 24 hour on-site response staff, and an on-call nurse available.

LTCOPTIONS.in.gov

Eligibility

To receive Assisted Living, the individual must be participating in the Medicaid Waiver, and this service must be on an approved Individual Plan of Care. Eligibility depends on meeting the following requirements:

- ▼ Eighteen years of age or older;
- ▼ Must meet financial guidelines for Medicaid;
- ▼ Nursing Facility level of care; and
- ▼ Have a Level of Service rating of 1, 2, or 3

Eligibility Determination

There are 16 Area Agencies on Aging across the State of Indiana. Individuals seeking Assisted Living Services should contact their local Area Agency on Aging to complete a Medicaid Waiver application. Additionally, a case manager at the Area Agency on Aging will complete an assessment to determine eligibility as well as the level of service needed by the individual. Case managers will work with the individual, family, physician, and other health professionals to make sure that the individual is receiving services that meet his or her needs through the development of an Individual Plan of Care.

Level of Service

The individual's Medicaid Waiver case manager must evaluate the individual's level of service to determine the level of assistance he or she will require. This is completed with a Level of Service Assessment Tool which yields a point rating that categorizes the level of service needs as 1, 2, or 3. If the level of service is rated at more than a Level 3

the individual is considered to have more skilled needs than can be provided through this setting. This person is determined to be ineligible for this particular service.

A Level of Service Assessment must be completed a minimum of once per year. This rating will determine the rate at which the Provider of the service is paid through Medicaid.

Becoming a Provider

To become an Assisted Living provider you must contact the Division of Aging to receive a Medicaid Waiver Application Packet. This packet explains the documentation required in order to become a provider. In addition to submitting the application packet the following documentation must be provided:

- ▼ proof of age; must be 21 years of age or older;
- ▼ proof of First Aid/CPR certification;
- ▼ must have an annual physical;
- ▼ must be free of TB or communicable diseases; and
- ▼ must pass a criminal background check;
- ▼ licensure through the State Department of Health.

Resources:

- ▼ LTCOPTIONS.in.gov
- ▼ To locate your local Area Agency on Aging contact: 1-800-986-3505 or www.in.gov/fssa/elderly/aaa/index.html.
- ▼ For additional information contact the FSSA Division of Aging at 1-800-545-7763.

